



CITY OF IDAHO FALLS

PLANNING AND BUILDING DIVISION

P.O. BOX 50220
Idaho Falls, ID 83405-0220
www.ci.idaho-falls.id.us

Planning Department • (208) 612-8276

FAX (208) 612-8520

Building Department • (208) 612-8287

Application for Preliminary Plat

Applicant Information		
Representing Company:		
Contact Name:		Phone:
Address:		Fax:
City:	State:	Zip:
Owner Information (If other than Applicant)		
Name:		Phone:
Address:		
City:	State:	Zip:
Property for Consideration		
Legal Description:		
Current Zone:		Proposed Zone:
Comprehensive Land Map Use:		Gross Area (Total Acres):
Project Name:		
Existing Property Use		
Proposed Property Use		
Signature of Applicant(s)		
		Date:
		Date:

Received By: _____

Date: _____

(Fees are administered by the Engineering Department.)

Type of Development

	Number of Lots	Proposed Zoning	Net Density (Residential)
Single-family	_____	_____	_____
Multi-family	_____	_____	_____
Common Areas	_____	_____	_____
Office/Medical	_____	_____	_____
Commercial	_____	_____	_____
Industrial	_____	_____	_____
*Other	_____	_____	_____

*Describe if "Other": _____

Trip Generation

Based upon the Trip Generation Manual, by the Institute of Transportation Engineers, calculate the anticipated PM peak hour trips generated by the proposed plat. (If the anticipated trips exceed 100 PM peak hour trips a traffic study may be required, if the anticipated trips exceed 200 PM peak hour trips a traffic study is required.)

Neighborhood Meeting

Will a neighborhood meeting be held prior to the Planning Commission meeting? If yes, where and when:

Preliminary Plat Checklist

	Applicant	Staff
Completed Application Form	_____	_____
Affidavit of Legal Interest	_____	_____
Current Vicinity Map	_____	_____
One (1) 8½" x 11" Reduction of Preliminary Plat	_____	_____
Seventeen (17) 24" x 36" Copies of Plat	_____	_____
Traffic Study (if required)	_____	_____
Digital File of Plat in .dxf or .dwg Format	_____	_____

Information Required on Preliminary Plat

- ☐ **Proposed Name of Subdivision**
- ☐ **Legal Description**
- ☐ **Name, Address, and Phone Number of Developer**
- ☐ **Name, Address, and Phone Number of Engineering Firm**
- ☐ **North Point, Scale (1" = 100') and Date**
- ☐ **Vicinity Map Showing Surrounding Area Within One-Half (½) Mile**
- ☐ **Boundary Lines of Tract to be Subdivided to Scale**
- ☐ **Existing and Proposed Land Use**
- ☐ **Zoning of Proposed Subdivision and Adjacent Land**
- ☐ **Contour Lines, if Required by the City Engineer**
- ☐ **Sites Proposed for Public (Parks, Schools, Recreation, etc.)**
- ☐ **Sites Proposed for Common Areas**
- ☐ **All Proposed or Existing Utilities**
- ☐ **Proposed Streets and Alleys, Including Widths and Street Names**
- ☐ **Typical Street Section**
- ☐ **Features Such as Railroad Lines, Canals, Ditches, Structures, etc.**
- ☐ **Existing and Proposed Easements**
- ☐ **Lot Lines and Blocks Showing Typical Dimensions**

AFFIDAVIT OF LEGAL INTEREST

STATE OF IDAHO

COUNTY OF BONNEVILLE

ss

I, _____, _____
(Name) (Address)

_____, _____ Being first duly sworn upon
(City) (State) Oath, depose and say:

Being the owner of record of the property described on the attached sheet, I grant permission to:

_____, _____
(Name) (Address)

To submit the following application pertaining to that property (check all that applies):

- | | |
|-------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Final Plat | <input type="checkbox"/> Comprehensive Plan Map Amendment |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Annexation |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Rezone to _____ |

I agree to indemnify, defend and hold the City of Idaho Falls and its employees harmless from any claims or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.

Dated this _____ day of _____, 20____.

(Signature)

SUBSCRIBED AND SWORN to before me the day and year first above written.

Notary Public for Idaho

Residing at

My Commission Expires: _____